

**Compliance Year:** 2007

Total Square Footage for BIN: _____

Total # of Units in BIN: _____

Applicable Fraction: _____

Placed In Service Date: _____

Please provide information on each household in the property as of the last day of the reporting year. The information on this attachment is to correspond with the information collected on the Certification/Recertification of Tenant Eligibility Form or other approved form. On-site inspections may be conducted to confirm the accuracy of the information submitted below. Use the codes listed in the instructions for completing the race and marital status columns.

* **Unit Type 1** Tax Credit **2** HCVP (Hosuing Choice Voucher Program) **3** HOME

[illegible]

*** Unit Type 1 Tax Credit 2 HCVP (Housing Choice Voucher Program) 3 HOME**

[illegible]

*** Unit Type 1 Tax Credit 2 HCVP (Housing Choice Voucher Program) 3 HOME**

[illegible]

*** Unit Type 1 Tax Credit 2 HCVP (Housing Choice Voucher Program) 3 HOME**

[illegible]

*** Unit Type 1 Tax Credit 2 HCVP (Housing Choice Voucher Program) 3 HOME**

[illegible]

*** Unit Type 1 Tax Credit 2 HCVP (Housing Choice Voucher Program) 3 HOME**

[illegible]

*** Unit Type 1 Tax Credit 2 HCVP (Housing Choice Voucher Program) 3 HOME**

[illegible]

*** Unit Type 1 Tax Credit 2 HCVP (Housing Choice Voucher Program) 3 HOME**

[illegible]